

WORKERS' COMPENSATION MARITIME SUPPLEMENTAL APPLICATION

Date Submitted
(MM/DD/YYYY)

APPLICANT NAME AND
MAILING ADDRESS

PHONE

CELL PHONE

CARRIER

American Interstate Insurance Company
Silver Oak Casualty, Inc.

Work Platforms:

Type:	<u>Owned</u>	<u>Non-Owned</u>	<u>Vessels Owned</u> <u>Vessel Name</u>	<u>Length/Type</u>
Dry Docks	<input type="checkbox"/>	<input type="checkbox"/>		
Docks/Piers	<input type="checkbox"/>	<input type="checkbox"/>		
Vessels	<input type="checkbox"/>	<input type="checkbox"/>		
Barges	<input type="checkbox"/>	<input type="checkbox"/>		
Offshore Platforms	<input type="checkbox"/>	<input type="checkbox"/>		
Other: (please specify)				

Type of Operation:

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	
Jetty & Breakwater	<input type="checkbox"/>	<input type="checkbox"/>	
Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>	
Concrete Construction	<input type="checkbox"/>	<input type="checkbox"/>	

Other: (please specify)

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| 1. If the applicant owns a vessel(s), is Jones Act Coverage specifically purchased for the crew and employees working on the vessel? | <u>Yes</u> | <u>No</u> |
| Insurer: _____ Limits: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do employees work on or from a vessel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is vessel owned by the insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the employer charter vessels to perform contracts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do employees riding a vessel sign on as a member of the crew? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do employees sleep or keep tools on vessels or platforms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the employer rent their equipment to others with an operator? | <input type="checkbox"/> | <input type="checkbox"/> |
| Kind of equipment rented: _____ | | |

Certain state insurance departments require that we advise you of the following statements: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (Not applicable in HI, DC, PA). Applicable to DC residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. Applicable to PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature	Date	Agent's Signature	Date
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